

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008996

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1673**

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY **Missouri**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b  
**20 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Louis Little Rock Hosp. Ing.**

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Vernon**

c. CITY OR TOWN **Nevada** Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**510 East Walnut St.** Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print) First Middle Last  
**Daniel Dale Lipsey**

4. DATE OF DEATH  
Month Day Year  
**Feb. 14 1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**3-24-1881**

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
**81** Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Engineer**

10b. KIND OF BUSINESS OR INDUSTRY  
**Railroad**

11. BIRTHPLACE (City and state or country)  
**Madison, Kansas**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME  
**James Lipsey**

13b. MOTHER'S MAIDEN NAME  
**Sarah Reed**

14. NAME OF HUSBAND OR WIFE  
**Alice Lipsey**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or date)  
**No. Nil.**

16. SOCIAL SECURITY NO.  
**279**

17. INFORMANT  
Address  
**Alice Lipsey, 510 E. Walnut, St.**

18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a)

**Carcinomatosis**  
**Nevada, Missouri.**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Carcinoma of lung**

**1 year**

DUE TO (c)

**163x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Dec. 26, 1962** to **Feb. 14, 1963** and last saw him alive on **2/14/63**  
Death occurred at **5:20 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS  
**1755 South Grand Blvd.**

22c. DATE SIGNED  
**2/15/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE  
**2-16-53**

23c. NAME OF CEMETERY OR CREMATORY  
**LeRoy Cemetery**

23d. LOCATION (City, town, or county)  
**LeRoy, Kansas.**

24. FUNERAL DIRECTOR ADDRESS  
**Eichinger Milster Funeral Home, Nevada, Mo.**

25. DATE RECD. BY LOCAL REG.  
**FEB 15 1963**

26. REGISTRAR'S SIGNATURE  
**Ed Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FEB 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stanley H. Dixon  
Licensed Embalmer No. 4193

P.O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.